

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

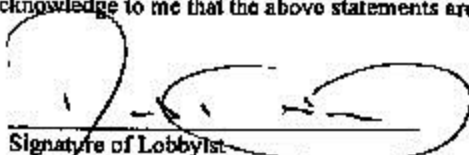
If No, who pays you? _____

☐ Terminated Representation as of _____

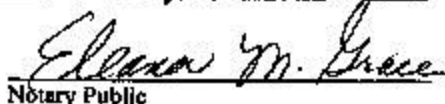
State of Louisiana

Parish of Lafayette

Before me, the undersigned authority, personally came and appeared Randy K. Baynte, who,
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct,


Signature of Lobbyist

Sworn to and subscribed before me on this 18th day of March 19 99.


Notary Public

CLIENTS REPRESENTED BY RANDY K. HAYNIE

- 1. Name:** American Claims Expeditors
Address: 29801 I-45 North, Suite 101
Spring, TX 77381
Business or Purpose: Auditing
New Representation: Yes
Does this person pay you? Yes
- 2. Name:** GTX, Incorporated
Address: 600 Jefferson Street, Suite 1500
Lafayette, LA 70502
Business or Purpose: Manufacturing
New Representation: Yes
Does this person pay you? Yes
- 3. Name:** Utility Service Company, Incorporated
Address: P.O. Box 1354
Perry, GA 31069
Business or Purpose: Contractor
New Representation: Yes
Does this person pay you? Yes
- 4. Name:** Walton Street Capital
Address: 900 N. Michigan Avenue
Chicago, IL 60611
Business or Purpose: Investments
New Representation: Yes
Does this person pay you? Yes